

Supplemental Application Data Sheet

Application Information

Application number::	10/577,852
Filing Date::	12/26/06
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3652
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	LIFTING DEVICE
Attorney Docket Number::	31229-229760
Request for Early Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	Lionel
Family Name::	Foster
City of Residence::	West Yorkshire <u>Bradford</u>
Country of Residence::	United Kingdom
Street of mailing address::	71A Storr Hill <u>14 Silver Birch Avenue</u> Wyke
City of mailing address::	Bradford

Country of mailing address:: United Kingdom
 Postal or Zip Code of mailing address:: ~~BD 12 8PQ~~ BD 12 9EP

Applicant Authority Type:: Inventor
 Status:: Full Capacity
 Given Name:: Linda
 Middle Name:: Mary
 Family Name:: Foster
 City of Residence:: Bradford
 Country of Residence:: United Kingdom
 Street of mailing address:: ~~71 Sterr Hill~~ 14 Silver Birch Avenue
 Wyke
 City of mailing address:: Bradford
 Country of mailing address:: United Kingdom
 Postal or Zip Code of mailing address:: ~~BD 12 8PQ~~ BD 12 9EP

Correspondence Information

Correspondence Customer Number:: 26694
 Phone number:: (202) 344-4000
 Fax number:: (202) 344-8300
 E-Mail address:: ptomail@venable.com

Representative Information

Representative Customer Number:: 26694

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is a	National Stage of	PCT/GB2004/004601	October 29, 2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
United Kingdom	0325191.5	10/29/03	Yes

Assignee Information**Street of Mailing Address::****City of Mailing Address::****State or Province of Mailing
Address::****Country of Mailing Address::****Postal or Zip Code of Mailing
Address::**

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